

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
UNDERGROUND STORAGE TANK (UST)/CONTAMINATION SITE INFORMATION FORM

PROJECT NAME _____ ROUTE _____

ASSIGNED STATE PROJECT NUMBERS

SPN _____ (Preliminary Engineering)

SPN _____ (Right of Way)

SPN _____ (Construction)

NUMBER PARCEL _____ PROPERTY ACQUIRED? YES _____ NO _____

(NOTE: If additional parcels contain UST or contaminated sites, separate forms must be completed and submitted)

SITE LOCATION (UST/CONTAMINATED AREA) AND STATUS:

Street Address _____

(Physical Location Only - P.O. Box not acceptable)

City _____ State _____ Zip Code _____

Station Number _____ Or Log Mile _____

Business in Operation? Yes _____ No _____ If yes, Telephone No. (____) _____

Approximate Date of Business Closure _____

Name of Business _____

PROPERTY OWNERSHIP (PRIOR TO DOTD ACQUISITION):

Owner's Name _____

Telephone Number _____

SPECIFIC SITE CHARACTERISTICS (UST):

Number of Tanks _____ Size of Tanks (gal) _____

Contents of Tanks (gas, oil, diesel, etc.) _____

Surface Cover (concrete, asphalt, soil, etc.) _____

Approximate Age of Tanks _____

Are UST's currently registered with the Louisiana Department of Environmental Quality?

Yes _____ No _____ If yes, under what name? _____

*NOTE: this information form must be accompanied by a memorandum citing the specific actions being requested

SPECIFIC SITE CHARACTERISTICS (CONTAMINATED AREAS OTHER THAN UST):

Suspected Source of Contamination:

Waste Pit _____ Industrial Facility _____ Dipping Vat _____

Drum Storage Area _____ Other _____

Is there evidence of Contamination? Yes _____ No _____

Containment: Drums _____ Cans _____ Open Spill _____ Other _____

If contained, number and size of containers: _____

If open spill, size of affected area: _____

Other site characteristics: _____

Characteristic color/odor: _____

Type of contamination: Soil _____ Water _____ Air _____

Depth or extent of contamination: _____ Surface
_____ Feet Below Surface

Physical State of Waste: Solid _____ Semi-Solid _____
Liquid _____ Gaseous _____

OTHER REQUIREMENTS:

Provide copies of applicable portions of right of way maps, plans, file rolls, etc., showing suspected UST or contaminated site(s); denote with highlight marker all suspected site locations. Sketch site showing orientation of UST or contaminated area. Provide aerial photograph including written description of the site history. Provide a written description of on-site observations along with ground level pictures of the UST or contaminated area.

Attachment checklist:

_____ Right of Way Maps
_____ Construction Plans
_____ Field Roll Sheets
_____ Aerial Photographs/with description of site history
_____ Site Sketch
_____ Site photograph/with description of observations
_____ Other

INSTRUCTIONS: Complete in detail the appropriate sections of this form and submit to:

DAVID HOOD, P.E.

MATERIALS ENGINEER ADMINISTRATOR

SUBMITTED BY:

(NAME)

(SECTION)

(DATE)